

APPLICATION FOR MEDAL OF THE JUBILEE OF LIBERTY

(PLEASE TYPE OR PRINT)

Last Name_____ First Name_____ Initial_____

Address_____

Telephone Number (include area code)_____

Social Security #_____

SERVICE INFORMATION

Branch of Service_____ Rank_____

Unit_____ Service Number_____

When were you in Normandy?_____

(Note: Must be between 6 June and 15 September, 1944)

**A legible copy of your Discharge Document (Army -AGO 53-55; Navy-NavPers553)
must accompany this application.**

Applicant's Signature_____ Date _____

Please return the completed Application and Discharge to Jason Lowry in Congressman
Jones' Greenville Office, by mail or fax (address and number below).

1105-C Corporate Drive
Greenville, NC 27858
(800) 351-1697
(252) 931-1003
(252) 931-1002 (fax)